

CONCORD POLICE DEPARTMENT

RIDE – A – LONG PROGRAM APPLICATION – WAIVER TO PARTICIPATE

Applicant Informa	ation:			
Last	First	Middle	Date of Birth:	Age:
Physical Street Address of Residence			Home Phone	Cell Phone
City	State	Zip Code	Email Address	
Oriver License#/	/ State Issued:			
lave you ever bee	en charged with or convicte	ed of any criminal offense?	Yes / No	
f yes, please list th	he offenses:			
n Case of Emerg	ency Notify:		Your interest is related to: (please check)	
			Academic	Community program Employment
Name (print)	(relati	onship)		
			Public Safety Academ	d of officer y Other
Address			Do you desire to be	provided body armor? Yes / No
Phone (home)	(busir	ness)	Do you desire to be p	provided body armor? Tes / No
Guidelines & waiv	ver:			
owned motor vehicle accompanying said of ights of action I may o state law, and follotitizen following the information on indivisionfidential. I further	e, I do hereby agree to refrain officer(s). I do further release experience while engaged in ow their commands as a depuration of a police office duals or investigations that me understand that the Concord	from interfering with said officer(e and hold harmless the City of such activities. PROVIDED, HOVITIES (itized citizen, then my rights and r. Additionally, I understand that hight be acquired as a result of r. I Police Department will review m	s) and be subject to their orde Concord and its police officer(MEVER, that in the event I sho protection shall be the same in all information from internal part association with the Concord criminal and driver's history	al duties and permission to ride in a City rs as to how I shall conduct myself while s) from any and all claims, damages, or uld be deputized by any officer, pursuant all events as that of any other deputized olice documents and records, including rd Police Department will remain strictly before approval is made to participate. I apon during the ride along process.
		rrect. The Concord Police in connection with this app		ission to request from the proper
Signature of Participant		Dat	e	
Internal Use:	Approved by:		Date: Date: (If der	nied. attach reason)
D' 1. A .				
Ride Assignment Officer If previous ride, ride date(s)		D	ISTRICT Shift Shift	Evocutivo Assistant unan comple
it previous ria: CPD RA-1 (5/2017	e, nae aate(s) ')	NC	יב: Form to be filed with	ı ⊏xecutive Assistant upon comple